

As a below-named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first, and sole inventor (if only one name is listed below) or an original, first, and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: "SURGICAL INSTRUMENT WITH IMPROVED HANDLE ASSEMBLY", specification of which:

(check one) ☒ is attached hereto
☐ was filed on _____ as US Application Serial Number or PCT
 International Application Number _____ and was amended
 on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability, as defined in 37 C.F.R. § 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below any foreign application for patent or inventor's certificate, or PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s)			Priority Not Claimed
			<input type="checkbox"/>
(Number)	(Country)	/Month/Year Filed)	

I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States provisional application(s) listed below.

<u>60/117,079</u>	<u>January 25, 1999</u>
(Application Number)	(Filing Date)

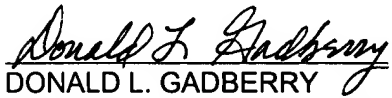
I hereby claim the benefit under 35 U.S.C. § 120 of any United States application(s), or § 365(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. § 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. § 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.


<u>PCT/US00/01216</u>	<u>January 1, 2000</u>	<u>Pending</u>
(Application Number)	(Filing Date)	(Status -patented, pending, abandoned)

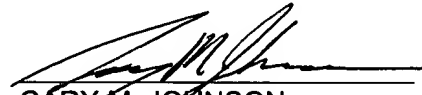
I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: RICHARD L. MYERS, Registration Number 26,490; address all telephone calls to: RICHARD L. MYERS, at telephone number (949) 713-8000 address all correspondence to: RICHARD L. MYERS, 22782 Avenida Empressa, Rancho Santa Margarita, CA 92688.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with

the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.


DONALD L. GADBERRY
First Inventor (given name, family name) Donald L. Gadberrry
Residence: , 33862 Marianna Drive, Apt.B, Dana Point CA 92688
Post Office Address:


HANK KAHLE
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Residence: 25 Wrangler Court Trabuco Canyon, CA 92679
Post Office Address:


GARY M. JOHNSON
Third Inventor (given name, family name) Gary M. Johnson
Residence: , 7 Cambria Mission Viejo, California 92692
Post Office Address:

Date: 9-27-00
Citizenship: U.S.A.
STEVEN R. ANDERSON
Fourth Inventor (given name, family name) Steven R. Anderson
Residence: , 24 Silkwood Lane Dana Point, California 92688
Post Office Address:
LAS FLORIS 12

Date: 9.27.00
Citizenship: U.S.A.

Date: 9-27-00
Citizenship: U.S.A.

Date: SEPTEMBER 27, 2000
Citizenship: U.S.A.

008260-1587960

Applicant or Patentee: Gadberry et al.
Serial or Patent No.: To be assigned
Filed or Issued: Herewith
Title: SURGICAL INSTRUMENT WITH IMPROVED HANDLE ASSEMBLY

Docket No. A-1719-AV

VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS

(37 C.F.R. §§ 1.9(f) and 1.27(b))--INDEPENDENT INVENTOR

As a below-named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 C.F.R. § 1.9(c) for purposes of paying reduced fees under Section 41(a) and (b) of Title 35, United States Code, to the Patent and Trademark Office with regard to the invention entitled: SURGICAL INSTRUMENT WITH IMPROVED HANDLE ASSEMBLY, described in:

- ☒ the specification filed herewith;
☐ application serial no. _____, filed _____; or
☐ patent no. _____, issued _____.

I have not assigned, granted, conveyed, or licensed and am under no obligation under contract or law to assign, grant, convey, or license any rights in the invention to any person who could not be classified as an independent inventor under 37 C.F.R. § 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 C.F.R. § 1.9(d) or a nonprofit organization under 37 C.F.R. § 1.9(e).

Each person, concern, or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

- ☐ no such person, concern, or organization
☒ persons, concerns or organizations listed below*

*NOTE: Separate verified statements are required from each named person, concern, or organization having rights to the invention averring to their status as small entities. (37 C.F.R. § 1.27)

FULL NAME: APPLIED MEDICAL RESOURCES CORPORATION

ADDRESS: 22782 Avenida Empressa, Rancho Santa Margarita, California 92688

☐ INDIVIDUAL ☒ SMALL BUSINESS CONCERN ☐ NON-PROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 C.F.R. § 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are

punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.


DONALD L. GADBERRY

Date: 9-27-00


HANK KAHLE

Date: 9.27.00


GARY M. JOHNSON

Date: 9-27-00


STEVEN R. ANDERSON

Date: SEPTEMBER 27, 2000

008260-15854950

Applicant or Patentee: Gadberry, et al. Docket No.: A-1719-AV
Serial or Patent No.: To be Assigned
Filed or Issued: Herewith
Title: SURGICAL INSTRUMENT WITH IMPROVED HANDLE ASSEMBLY

VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS
(37 CFR §§ 1.9(f) & 1.27(e))--SMALL BUSINESS CONCERN

I hereby declare that I am:

- ☐ the owner of the small business concern identified below.
☒ an official of the small business concern empowered to act on behalf of the concern identified below.

Name of Small Business Concern: APPLIED MEDICAL RESOURCES CORPORATION
Address of Small Business Concern: 22872 Avenida Empressa, Rancho Santa Margarita, California 92688.

I hereby declare that the above-identified small business concern qualifies as a small business concern as defined in 13 C.F.R. § 121.12, and reproduced in 37 C.F.R. § 1.9(d), for purposes of paying reduced fees to the United States Patent and Trademark Office, in that the number of employees of the concern, including those of its affiliates, does not exceed five hundred (500) persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time, or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention, entitled: SURGICAL INSTRUMENT WITH IMPROVED HANDLE ASSEMBLY, by inventor(s): DONALD L. GADBERRY, HENRY KHALE, STEVEN R. ANDERSON, GARY R. JOHNSON, described in:

- ☒ the specification filed herewith.
☐ application serial no. _____, filed _____.
☐ patent no. _____, issued _____.

If the rights held by the above-identified small business concern are not exclusive, each individual, concern, or organization having rights in the invention is listed below* and no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 C.F.R. § 1.9(c) if that person made the invention, or by any concern which would not qualify as a small business concern under 37 C.F.R. § 1.9(d), or a nonprofit organization under 37 C.F.R. § 1.9(e). *NOTE: Separate verified statements are

Verified Statement (Declaration) Claiming Small Entity Status
(37 C.F.R. §§ 1.9(f) and 1.27(e))—Small Business Concern
Title: SURGICAL INSTRUMENT WITH IMPROVED HANDLE ASSEMBLY
Docket No.: A-1719-AV
Page 2

required from each named person, concern, or organization having rights to the invention
averring to their status as small entities. (37 C.F.R. § 1.27.)

NAME: APPLIED MEDICAL RESOURCES CORPORATION
ADDRESS: 22872 Avenida Empressa, Rancho Santa Margarita, CA 92688
☐ INDIVIDUAL ☒ SMALL BUSINESS CONCERN ☐ NON-PROFIT ORGANIZATION

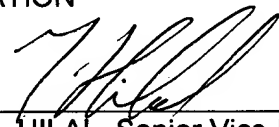
NAME: _____
ADDRESS: _____
☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NON-PROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status
resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the
earliest of the issue fee or any maintenance fee due after the date on which status as a small
entity is no longer appropriate. (37 C.F.R. § 1.28(b))

I hereby declare that all statement made herein of my own knowledge are true and that all
statements made on information and belief are believed to be true; and further that these
statement were made with the knowledge that willful false statements and the like so made are
punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States
Code, and that such willful false statements may jeopardize the validity of the application, any
patent issuing thereon, or any patent to which this verified statement is directed.

APPLIED MEDICAL RESOURCES
CORPORATION

DATE: September 28, 2000

By: 
NABIL HILAL, Senior Vice-President
Address: 22872 Avenida Empressa
Rancho Santa Margarita, CA 92688

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